



# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 01946	2. Fiscal Year Covered From: 1 / 1 / 2000 Through: 12 / 31 / 2000
3. Name and address of person filing. Name Noel Beasley P.O. Box, Bldg., Room No., if any Street 333 South Ashland Avenue City Chicago State Illinois ZIP Code + 4 60607	4. Name, file number, and address of labor organization. Name UNITE Labor Organization File Number 000-381 P.O. Box, Building and Room Number, if any 10th Floor Street 275 Seventh Avenue City New York State New York ZIP Code + 4 10001
5. Position in labor organization. Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

4/25/05  
Date

312-738-6100

Telephone Number

## 8. Name and address of business (including trade name)

Name Amalgamated BankTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union SquareCity New YorkState New YorkZIP Code + 4 10003☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Amalgamated BankTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union SquareCity New YorkState New YorkZIP Code + 4 10003

## 11.a. Nature of such dealing.

Cost	# of Shares	Price Per Share
\$9,950	50	\$199

## 11.b. Approximate dollar value of such dealing.

\$12,779

## 12.a. Nature of interest held or income received.

\$1,122.00 in dividends  
\$15,600.00 in fees

## 12.b. Amount.

\$16,722

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.